

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007652

STATE FILE NUMBER

AMENDED

Registration District No.

314

Primary Registration District No.

3059

Registrar's No.

75

FILED FEB 20 1962

DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in lb <u>24 hours</u>	c. CITY OR TOWN <u>Bonne Terre</u>
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>120 Jane</u>
	3. NAME OF DECEASED (Type or print) First <u>NEWTON</u> Middle <u>ALVIN</u> Last <u>HOLDMAN</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1962</u>	
	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/5/1894</u>
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper</u>	9. AGE (last birthday) <u>68</u>
	13a. FATHER'S NAME <u>Strauther A. Holdman</u>		13b. MOTHER'S MAIDEN NAME <u>Elmire Long</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Eaves Holdman</u>
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Edna Holdman</u>
	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>2-9-62</u> , to <u>2-10-62</u> and last saw her alive on <u>2-10-62</u> Death occurred at <u>4:05 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Jane W. Fuller M.D.</u>		22b. ADDRESS <u>Bonne Terre, Mo.</u>		
22c. DATE SIGNED <u>2-12-62</u>				
23a. BURIAL, CREMATION, REMOVAL, etc. <u>Burial</u>		23b. DATE <u>2/13/1962</u>		
23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem.</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>		
24. FUNERAL DIRECTOR <u>Dale Sparks</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 13 1962</u>		
26. REGISTRAR'S SIGNATURE <u>Esther R. Redloff</u>				

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre
Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.